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Fill in this information	to identify your case:	
Debtor 1	Lloyd L Shaffer	-
Debtor 2 (Spouse, if filing)	Bregina Lea Shaffer	-
United States Bankrup	otcy Court for the: SOUTHERN DISTRICT OF OHIO	_
Case number (If known) 2:1	12-bk-54946	Check if this is: An amended filing
Official Form	106I	☐ A supplement showing postpetition chapter 13 income as of the following date:

Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Empleyment status	■ Employed	☐ Employed
	attach a separate page with information about additional	Employment status	□ Not employed	■ Not employed
	employers.	Occupation	N. Souce	
	Include part-time, seasonal, or self-employed work.	Employer's name	Columbia Gas of Ohio, Inc.	
	Occupation may include student or homemaker, if it applies.	Employer's address	801 East 86th Avenue Merrillville, IN 46410	
		How long employed the	· · · · · · · · · · · · · · · · · · ·	

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll 2. deductions). If not paid monthly, calculate what the monthly wage would be.

- Estimate and list monthly overtime pay.
- Calculate gross Income. Add line 2 + line 3.

		TOT DEDICT T		non-filing spouse			
2.	\$	5,550.40	\$	0.00			
3.	+\$	1,040.00	+\$	0.00			
4.	\$	6,590.40	\$	0.00			

For Debtor 1 For Debtor 2 or

Official Form 106I Schedule I: Your Income page 1

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	tor 1 tor 2	Lloyd L Shaffer Bregina Lea Shaffer	_	Case	number (<i>if known</i>)	2:12-	bk-549	946	
				For	Debtor 1		Debtor -filing s		
	Cop	by line 4 here	4.	\$	6,590.40	\$		0.00	<u> </u>
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,000.00	\$		0.00)
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$		0.00	_
	5c.	Voluntary contributions for retirement plans	5c.	\$	300.00	\$		0.00	_
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	-	0.00	_
	5e.	Insurance	5e.	\$	135.10	\$		0.00)
	5f.	Domestic support obligations	5f.	\$	0.00	\$		0.00)
	5g.	Union dues	5g.	\$	0.00	\$		0.00)
	5h.	Other deductions. Specify:	5h.+	* \$	0.00	+ \$		0.00	<u> </u>
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,435.10	\$		0.00	<u>) </u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	5,155.30	\$		0.00	<u>) </u>
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$		0.00	
	8b.	Interest and dividends	8b.	\$_	0.00	\$		0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce	nt	\$ \$		\$ \$			_
	8d.	settlement, and property settlement.	8c. 8d.	» \$	0.00	\$ 		0.00	_
	8e.	Unemployment compensation Social Security	8e.	\$ 	0.00	\$ 		0.00	_
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income		\$ \$	0.00	\$ \$		0.00	_ <u>)</u>
	8h.	Other monthly income. Specify:	8h.+	\$	0.00	+ \$		0.00	_
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$		0.0	0
10	Cal	culate monthly income. Add line 7 + line 9.	10. \$		5.155.30 + \$		0.00	= \$	5.155.30
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.		σ,133.30 + ψ_		0.00		3,133.30
11.	Inclionation of the other of th	te all other regular contributions to the expenses that you list in Schedul ude contributions from an unmarried partner, members of your household, you er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are no cify:	ur deper		. ,	,	Schedule 11.		0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certilies					12.	\$	5,155.30
13.	Do	you expect an increase or decrease within the year after you file this forr	m?					Combi month	ined ly income
		No. Yes. Explain:							